

SENT VIA EMAIL OR FAX ON
Mar/12/2010

Pure Resolutions Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Mar/03/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

CPMP X 10 Neck/Back/Left Arm

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Board Certified in Physical Medicine and Rehabilitation

Subspecialty Board Certified in Pain Management

Subspecialty Board Certified in Electrodiagnostic Medicine

Residency Training PMR and ORTHOPAEDIC SURGERY

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

☐ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

Denial letters 1/11/10 and 1/21/10

Pain & Recovery 1/6/10 thru 2/26/10

Dr. 12/23/09

Work Capacity Eval 12/23/09

PATIENT CLINICAL HISTORY SUMMARY

This is a woman reportedly injured with a fall from a broken chair on xx/xx/xx. There were no diagnostic studies. Ms. report signed by Dr described a disc problem. Other reviewers cited a C5/6 disc protrusion and a bulge at L2/3. She apparently did not improve with therapies or with lumbar ESIs, but I do not know which treatments were provided. The cervical emg was normal. The BAI is 19 and the BDI is 16. Ms. noted a major depressive disorder. She was described as being highly dysfunctional from the pain. She was described as crying and being pessimistic. Her FCE showed her to be in the light sedentary range. The FCE described her job as being in the medium PDL. The prior reviewers commented about the lack of increase in her heart rates. The baseline seen was 100, but the graph showed only a

rate of 50pm.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION

In essence, this is a lady with chronic pain, but no objective findings. She was described as highly dysfunctional and with a major depressive disorder. The reviewer did not see her demonstrating motivation to change in the records. The ODG frowns upon the management of people with severe depression and psychological issues from the pain program. Therefore, the request is not medically necessary.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

☐ ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

☐ AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

☐ DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

☐ INTERQUAL CRITERIA

☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

☐ MILLIMAN CARE GUIDELINES

☒ ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

☐ TEXAS TACADA GUIDELINES

☐ TMF SCREENING CRITERIA MANUAL

☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)